



# TOWN OF SCITUATE FILM PERMIT APPLICATION

## **SECTION 1: APPLICATION PROCESS AND FEE**

**\$100.00/ Day**

Please complete the following application in its entirety. The Film Permit fee is \$100/day and an insurance certificate naming the Town of Scituate as additionally insured is required.

**Note:** Application fees do not cover any additional costs that may be incurred or required by the Town of Scituate.

Applications with applicable fee (check or money order made out to: *Town of Scituate*) to:

**Town Administrator's Office  
600 Chief Justice Cushing Highway  
Scituate, MA 02066  
781-545-8741**

## **SECTION 2: APPLICANT INFORMATION** (Please fully complete with all that apply)

**Production Title:**

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Type of Production: \_\_\_\_\_

*Commercial, PSA, Documentary, Feature, Industrial Video, Music Video, Special Event,  
Still Photo, Student, Other*

### **Production Company or Organization**

Company Name:

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Insured Company Name:

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Address (city, state, zip):

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Address (city, state, zip)

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Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Project Contact Person and Title:

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Project Location Manager or Assistant

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Title: \_\_\_\_\_

Title: \_\_\_\_\_

Project Contact Phone \_\_\_\_\_ cell \_\_\_\_\_ Email \_\_\_\_\_

Project Location Manager Phone \_\_\_\_\_ cell \_\_\_\_\_ Email \_\_\_\_\_

### **SECTION 3: FILMING DETAILS**

Will any town owned property or school property be requested? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_

Location Address(es):

\_\_\_\_\_

\_\_\_\_\_

Date(s) and Time(s):

\_\_\_\_\_

EQUIPMENT BEING USED (5 or 10 ton trucks, semi- trucks, crew vehicles, cube trucks, motor homes, trailers, generators, lifts, vans, camera cars, cranes, portable restrooms (and quantity)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will public sidewalks be required to be blocked or closed? \_\_\_\_ Yes \_\_\_\_ No

Will any construction of sets or temporary structures be required? \_\_\_\_ Yes \_\_\_\_ No

Please explain:

\_\_\_\_\_

\_\_\_\_\_

### **FILMING ACTIVITY**

Will the filming generate excessive noise? \_\_\_\_ Yes \_\_\_\_ No

(generators, screeching tires, gunfire, special effects) Please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PERSONNEL ON LOCATION**

# Cast \_\_\_\_\_

# Crew \_\_\_\_\_

# Audience \_\_\_\_\_

# Extras \_\_\_\_\_

Where are extras holding? \_\_\_\_\_

Base Camp Location Address: \_\_\_\_\_

Crew Parking: \_\_\_\_\_

Will there be food making or catering on location? \_\_\_\_Yes \_\_\_\_No

Posted parking/closures: (please indicate which side of street or both sides )

\_\_\_\_\_

**Name of Person/Applicant**\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date**\_\_\_\_\_

# TOWN OF SCITUATE FILM PERMIT

## SECTION 3: APPROVALS/CONDITIONS/REQUIREMENTS *(For Town of Scituate Use Only)*

Department	Telephone	Services / Conditions /Meeting Requirements
Kevin Cafferty, Department of Public Works	(781)545-8731	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Drew Scheele, Board of Health	(781)545-8725	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Maura Glancy, Recreation	(781)545-8738	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Stephen Mone, Harbormaster	(781)545-2130	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
School Department	(781)545-8759	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Chief Thompson, Police	(781)545-1212	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Chief Murphy, Fire	(781)545-8748	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
James Boudreau, Town Administrator	(781)545-8741	Services or Conditions Required? <input type="checkbox"/> Yes <input type="checkbox"/> No

Special Approvals/Requirements (Determined by the Town Administrator)		
Board of Selectmen	_____ Yes    _____ No	_____ Approved    _____ Denied
Conservation Commission	_____ Yes    _____ No	_____ Approved    _____ Denied
Recreation Commission	_____ Yes    _____ No	_____ Approved    _____ Denied
Public Notification/Hearing	_____ Yes    _____ No	Date Held: _____
Other Special Conditions: (Insurance/Hold Harmless/Additional Insured, etc.):		

- ☐ Insurance Certificate of Liability naming the Town of Scituate as additionally insured received
- ☐ \$\_\_\_\_\_ Payment Received

Final Approval: \_\_\_\_\_ No, Permit Denied      \_\_\_\_\_ Yes, Permit Approved and Issued by:

Town Administrator: \_\_\_\_\_ Date \_\_\_\_\_

Signature